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Life and Property Losses in Tornadoes in the United States

THE recent tornadoes, with their death toll of more than 500 lives, mostly in Georgia and Mississippi, have focused attention on the significance of such storms as a hazard to life and property. Tornadoes are recognized as the most violent, the most sharply defined, and the least extensive of all storms. Their path is seldom more than a hundred yards in width, and their violent rotary motion around a vertical axis is responsible for their terrific destructiveness.

Analysis of the annual reports and monthly reviews of the UNITED STATES WEATHER BUREAU discloses that, over a series of 20 years, tornadoes have been numerous and have been the direct cause of more than 5,000 deaths.* It is characteristic of this type of windstorm that while some result in comparatively little damage to life and property, because their course is over sparsely settled land, others sweep down upon populous areas, often leaving death and destruction in their wake. The tornadoes of Tupelo, Miss., and Gainesville, Ga., early in April were catastrophic. In the short space of probably a quarter of an hour they swirled with their characteristic counterclockwise motion, across the business sections of these two prosperous cities, destroying everything within their path. The tornado of March 18, 1925, however, with 606 fatalities in Illinois alone (of which 242 occurred in the city of Murphysboro), leads all others in actual loss of life within the last 20 years. A death toll of 79, combined with property damage amounting to the stupendous sum of $25,000,000, made the tornado which cut through St. Louis, Mo., and a portion of Madison County, Ill., on September 29, 1927, a cataclysm which will never be forgotten.

In the last 20 years, 1916–1935, there have been 2,669 tornadoes in the United States, with an aggregate loss of 5,246 lives and property damage estimated at almost $233,000,000. Reducing these figures to an annual average, there have occurred about 133 tornadoes a year, at an annual cost of 262 lives and $11,000,000 to $12,000,000 in property damage. Annual fluctuations in frequency and losses have been great, but it

*This figure does not include deaths from windstorms other than tornadoes, more particularly the Florida hurricanes of 1926, 1928, and 1935, which caused 2,148 deaths.

does not follow that losses are greatest in the years when these storms are most prevalent. For example, the peak mortality of 794 was reported for 1925, when there were only 119 tornadoes; in 1933 more than twice as many tornadoes occurred, but the death toll was not half as great. Severe losses of life are usually accompanied by heavy damage to property, as is clearly brought out in the accompanying table. Property damage was heaviest in 1927, when fatalities also were extremely numerous.

Tornadoes have a well-defined seasonal and geographic incidence, as is brought out by the Weather Bureau's detailed reports for the 14-year period 1922–1935. These storms normally occur in the spring and early summer, as is evidenced by the fact that out of 3,559 deaths reported during this period more than three quarters occurred in the three months March (1,395), April (565), and May (744). They are most frequent in the Mississippi basin, especially in the North and South Central States. In fact, it is in this group of States that 89 percent of the deaths from tornadoes have occurred. The accompanying chart shows the distribution of the 3,559

Total Number of Tornadoes, Deaths Resulting from Such Storms, and the Estimated Property Loss in the United States for Each of the Years from 1916 to 1935.

Year	Number Reported	Aggregate Loss of Life	Aggregate Reported Property Losses
1916	86	140	$2,511,500
1917	121	508	15,007,700
1918	81	134	7,631,200
1919	65	205	6,861,500
1920	87	498	15,205,000
1921	106	202	5,406,300
1922	108	133	6,630,000
1923	100	109	2,958,750
1924	130	376	26,120,850
1925	119	794	24,023,900
1926	111	144	4,318,950
1927	164	540	43,445,650
1928	203	92	13,235,600
1929	197	274	10,049,400
1930	192	179	12,289,100
1931	94	36	3,215,400
1932	152	394	8,988,525
1933	260	362	16,190,640
1934*	114	40	3,833,100
1935*	179	86	4,917,000
Total	2,669	5,246	$232,840,065

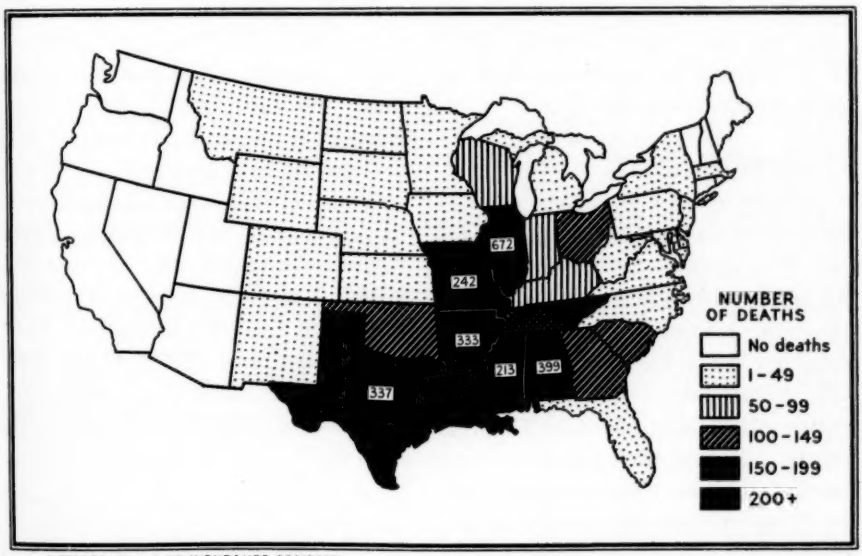
*Provisional figures.

Source: Report of the Chief of the Weather Bureau, U. S. Department of Agriculture, 1933–1934, (p. 18), Monthly Weather Reviews, December 1934 (p. 455), December 1935 (p. 349).

deaths by States, bringing out clearly the concentration of fatalities from these storms in the Mississippi basin and the negligible mortality in most of the Atlantic Coast States and in all of the Pacific Coast and Mountain States. Twelve States, all in the Pacific, Rocky Mountain, and New England groups, suffered not a single death from tornadoes during this period.

The exact genesis of tornadoes has not yet been fully determined, but it is to be hoped that further research may lead ultimately to the solution of a problem which has long baffled the meteorologists of the country. In the Mississippi Valley and in a few other States the inhabitants are face to face with tornadoes as a real hazard, a constant threat to their lives and property, the time, place, and severity of which never can be foretold.

GEOGRAPHIC DISTRIBUTION OF DEATHS IN TORNADOES IN THE UNITED STATES, 1922 TO 1935



METROPOLITAN LIFE INSURANCE COMPANY

Mortality Experience of the First Three Months of 1936

THE cumulative mortality rate among the 17,000,000 Industrial policyholders of the Metropolitan Life Insurance Company for the first quarter of 1936 was identical with that recorded for the same part of 1935, that is, 9.4 per 1,000. Up to the end of February, it is true, the record for 1936 showed marked improvement over that for last year;

but the mortality during March was the highest recorded for that month since 1932, and this rise counterbalanced the favorable showing for the earlier months.

Mortality Rate Increased Among Colored Policyholders

Among the white policyholders, however, the death rate for the quarter was very slightly below that registered for the same period of 1935, the year which established a new low record for mortality among the insured wage-earning population. Had it not been for a small increase among insured Negroes, the death rate for the January-March period of 1936 would have registered a drop as compared with last year.

Favorable Showing in Canada

Among approximately 1,250,000 Metropolitan Industrial policyholders in Canada, health conditions have been even better than during the first quarter of last year, as reflected by a 1.8 percent drop in the death rate. As this insured group constitutes substantially one fourth of the population of the Canadian cities, this improved mortality experience is indicative of exceedingly favorable health conditions so far this year in urban Canada.

The facts for the individual causes of death are shown in the tables on pages 5 and 11. With the exception of sizable rises in the death rates for pneumonia and coronary disease, there have been no noteworthy developments of an unfavorable nature so far in 1936. The mortality from pneumonia rose 8.4 percent despite a sharp drop in fatal influenza cases. The mortality from the three principal degenerative diseases combined was substantially at last year's level. Rises, negligible in most instances, are in evidence for typhoid fever, syphilis, diarrheal diseases, and suicides.

There is much that is encouraging in the record of the quarter for a number of causes of death—more particularly the communicable diseases and accidents.

Tuberculosis

Early indications relating to the tuberculosis death rate are always of major interest. Announcement was made in the March STATISTICAL BULLETIN of such a marked improvement over last year, up to the end of February, as to practically assure that a new minimum death rate would be recorded for the full year. The facts are now available for white and Negro policyholders separately; and they show that marked reductions in deaths from this disease have been registered for each race.

The Principal Communicable Diseases of Childhood

Declines are in evidence as compared with 1935 for all four of these conditions, each of which has become a minor cause of death. In fact, the combined death rate for all four, for the first quarter of 1936, was only 8.3 per 100,000. This closely approximates the figure for measles alone only 10 years ago and

Death Rates per 100,000 Persons Exposed. First Quarter of 1934, 1935, and 1936 Compared. By Color for Principal Causes of Death. All Ages. Metropolitan Life Insurance Company. Industrial Weekly Premium-Paying Business

Causes of Death	Death Rate per 100,000 Persons Exposed*					
	White			Colored		
	Jan.-Mar. 1936	Jan.-Mar. 1935	Jan.-Mar. 1934	Jan.-Mar. 1936	Jan.-Mar. 1935	Jan.-Mar. 1934
Total—All Causes	859.1	862.5	874.2	1577.6	1527.9	1552.7
Typhoid fever	.4	.3	.7	1.0	.4	2.2
Measles	1.5	2.7	3.8	.2	1.5	1.3
Scarlet fever	3.2	3.7	4.1	.....	.8	1.3
Whooping cough	1.7	3.2	3.9	1.0	3.6	4.9
Diphtheria	2.5	2.7	2.9	1.2	1.0	1.1
Influenza	21.0	27.8	16.6	62.8	68.5	45.8
Meningococcus meningitis	2.0	1.8	.8	3.1	3.1	1.1
Tuberculosis (all forms)	42.9	46.3	49.2	150.1	157.4	156.0
Tuberculosis of the respiratory system	38.1	42.5	43.5	133.1	140.9	139.0
Syphilis, locomotor ataxia, and general paralysis of the insane	7.1	7.0	8.5	53.1	48.0	44.1
Cancer (all forms)	91.1	95.8	94.3	92.6	98.3	100.9
Diabetes mellitus	27.9	28.1	27.1	30.0	28.3	30.6
Alcoholism	2.0	2.1	2.0	5.2	4.0	4.9
Cerebral hemorrhage, apoplexy	60.6	59.7	63.6	140.5	125.6	128.4
Diseases of heart†	168.5	170.6	177.8	284.0	271.7	302.5
Diseases of the coronary arteries	28.1	25.2	21.0	21.5	16.6	15.3
Angina pectoris	9.9	11.7	11.6	9.3	11.1	11.2
Pneumonia (all forms)	98.0	91.4	89.9	209.8	184.9	183.1
Bronchopneumonia	36.4	36.4	34.2	48.8	58.1	52.5
Lobar and undefined	61.6	55.0	55.7	161.0	126.8	130.6
Diarrhea and enteritis	6.5	5.7	6.9	7.4	6.1	8.0
Appendicitis	9.4	10.4	12.1	11.2	16.1	12.5
Cirrhosis of the liver	8.4	7.7	8.3	9.7	9.4	8.2
Acute nephritis	2.1	2.2	2.9	8.5	10.5	9.7
Chronic nephritis (Bright's disease)	57.7	57.4	62.6	140.8	139.4	143.9
Puerperal state—total	7.4	9.4	9.2	11.4	15.7	14.2
Total external causes	59.6	63.5	64.1	91.1	96.0	105.6
Suicides	8.7	8.9	9.8	6.2	5.2	6.7
Homicides	2.0	3.0	2.8	22.7	28.3	26.7
Accidents—total	48.9	51.6	51.5	62.2	62.5	72.3
Automobile accidents	15.6	18.1	19.3	16.5	22.8	21.7
All other diseases and conditions	139.4	126.1	130.3	232.1	209.8	216.0

*The rates for 1935 and 1936 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, and acute myocarditis.

is considerably below that recorded for diphtheria at that time.

Cancer

There was a drop in the cancer death rate in 1935, for the first time in a long series of years. The decline has extended into the early months of 1936. The decrease this year, in fact, has amounted to 5 percent, and

both white and colored policyholders have shared in it.

New Low for Diseases of the Maternal State

The cumulative death rate from diseases related to pregnancy and childbirth dropped 22 percent from the figure recorded for the first quarter of 1935. This large decline virtually assures a new low rate for the full year for this class of diseases. The puerperal death rate among insured women in the wage-earning population has been declining continuously since 1927. A particularly encouraging item is that the drop has been in evidence in more recent years when there was, throughout the country, a check in the declining birth rate, a check which, we believe, has applied to women in the industrial population as well as to those in the country at large. This means that there have been fewer deaths of mothers at the very time when there was no decline, but rather a possible rise, in the number of women who have been exposed to the hazards of childbirth.

Fewer Accidents and Automobile Fatalities

There has been a marked decrease this year in deaths from all accidents, considered as a group, and from automobile fatalities in particular.

Marriage and Health

MARRIAGE, apparently, is conducive to long life and good health. At any rate, married men and women live longer than do single persons, and married people register lower death rates from nearly all the important causes of death than do bachelors or spinsters.

We would expect these findings to emerge from any statistical study of mortality according to conjugal condition, for married persons constitute a selected group. "The lame, the halt, and the blind" do not marry, as a rule. Nevertheless, the differences between the respective death rates of wedded and single persons are so large that this factor of selection can be only a partial explanation of them. It would seem that the relatively staid and regular course of married life is more conducive to health than are the comparatively free and easy ways of the unmarried.

It has been necessary to draw upon the annual mortality reports of our neighbor, Canada, in order to obtain data about the relative mortality of the married and the single, as similar statistics are not available for the United States; but since the customs, ways of living, and the general composition of the white populations of these two countries are essentially similar, it may be assumed that the findings for Canada are equally applicable to the United States.

The life risks differ in certain material respects for the two sexes. It is, therefore, important to examine the

figures separately for males and for females. Among males over 15 years of age, the standardized death rate for bachelors is 1,218.2 per 100,000 as compared with 855.9 for married men. This advantage in favor of the married extends to the four broad age groups shown in the table on page 8.

Among females the standardized death rate of spinsters is 1,039.1, as against 856.6 for the married of all ages. However, during the early part of the childbearing period the special hazards to which women are here exposed temporarily throw the advantage in favor of the single. So, in the table we see that in the age group 15 to 24 the death rate among married women from all causes is 385.6 per 100,000, as against 250.8 among the single. The adverse effects of maternity upon the women at this time of life are reflected not only in the death rates directly attributable to the puerperal state, but also in the relative mortality rates from such diseases as influenza, pneumonia, tuberculosis, and nephritis, all of which are made more hazardous by pregnancy.

Once the height of the reproductive period is passed, even despite the remaining puerperal risks of the married women, they have the advantage over the single as regards the death rate from all causes combined. So, in the age group 25 to 44, the death rate for the married is 444.6, as against 458.0 among the single.

If we make allowance for the special risks of young women in the earlier part of the reproductive period, we can say that the only time of life in which married persons do not enjoy a definite advantage in healthfulness over those who are single is the period under 25 years of age. It is hardly to be expected that at this time of life any pronounced difference should be observed in mortality between the married and the single. For, in the first place, marriage in the former group has not existed long enough to have exerted any profound cumulative influence one way or the other; and, secondly, newly wedded couples do not make an immediate change in their way of living, but, for a while, tend to continue in much the same course which was possible for them when they were single. Perhaps the best confirmation of this statement is the fact that accidents cause almost as high a mortality among young married men and women as among young bachelors and spinsters, whereas in later life accidents cause approximately twice as many fatalities among bachelors as among married men and from 35 to 40 percent higher mortality among spinsters up to age 65. At the more advanced ages the difference in fatal accidents in favor of married women is fully as great as that favoring married men.

The unfavorable effects of less regular ways of living among the unmarried are reflected also in the comparative death rates from individual causes such as influenza, pneumonia, tuberculosis, chronic heart disease, nephritis, cerebral

Standardized Death Rates, Ages 15 and Over, and Age Specific Death Rates per 100,000 Population from Selected Causes of Death Among Single and Married Persons, by Sex and Age Groups, in Canada, for the Period 1930 to 1932.

International List Code Numbers	Cause of Death	Standardized Death Rates				Age Specific Death Rates															
		Ages 15 and over				Males								Females							
		Males		Females		15 to 24		25 to 44		45 to 64		65 and over		15 to 24		25 to 44		45 to 64		65 and over	
		S.	M.	S.	M.	S.	M.	S.	M.	S.	M.	S.	M.	S.	M.	S.	M.	S.	M.	S.	M.
	All Causes	1218.2	855.9	1039.1	856.6	291.9	251.5	542.8	350.9	1760.0	1121.4	7490.9	5622.4	250.8	385.6	458.0	444.6	1327.5	1050.6	6967.4	4724.8
11a, b	Influenza	29.4	21.5	36.5	25.5	8.0	4.9	11.2	9.2	38.9	25.0	200.1	154.5	6.9	10.4	11.0	12.5	41.7	26.1	299.9	166.3
107, 108, 109	Pneumonia, all forms	63.8	43.1	54.9	36.8	10.9	11.3	24.7	19.6	91.2	54.5	436.9	283.4	7.4	10.2	14.3	17.1	66.7	41.2	464.6	254.1
23–32	Tuberculosis, all forms	121.1	66.2	136.2	91.7	73.6	58.4	134.4	64.6	151.8	73.8	141.7	85.0	120.4	123.5	173.2	89.3	101.6	57.3	87.2	83.3
45–53	Cancer, all forms	114.4	105.7	140.6	122.8	4.5	6.4	20.2	22.3	217.1	176.7	821.9	803.4	2.6	5.1	33.0	47.2	305.9	248.8	847.3	675.3
46b	of the stomach and duodenum	36.5	34.3	25.6	22.6	0.1	0.7	5.0	6.0	79.6	63.3	243.7	255.1	0.1	.....	3.0	4.3	48.5	38.9	196.8	177.0
48–49	of the female genital organs	.....	.....	22.2	27.0	.....	.....	.....	.....	.....	.....	.....	.....	0.6	0.9	5.7	17.0	56.7	59.5	103.6	93.6
50	of the breast	0.4	0.2	32.9	22.4	.....	.....	0.1	0.1	0.3	0.3	4.3	1.6	*	0.2	9.1	10.4	82.1	53.7	159.2	88.6
51	of the male genito-urinary system	13.3	15.1	.....	.....	0.4	1.5	1.7	2.0	17.1	17.9	126.5	143.1	.....	.....	.....	.....	.....	.....	.....	.....
82	Cerebral hemorrhage, cerebral embolism, and thrombosis	44.0	32.5	44.4	35.6	0.7	0.5	4.6	3.4	60.0	36.9	414.2	330.4	0.8	1.1	3.5	4.1	53.6	44.9	447.1	342.7
92, 93c, d, 95	Diseases of the heart	155.7	106.5	150.5	105.1	10.9	8.3	26.2	21.4	207.0	134.8	1388.5	946.7	12.7	13.4	36.8	28.4	171.4	134.8	1355.5	862.0
131, 132	Chronic, nephritis	74.5	52.9	67.1	55.5	4.2	2.5	16.5	12.9	99.2	73.9	644.5	440.9	4.7	7.0	17.2	19.2	100.8	82.9	525.6	393.3
126	Biliary calculi	1.6	1.5	2.9	5.1	0.1	.....	0.5	0.5	4.0	2.9	6.5	9.2	0.1	0.5	1.5	2.6	7.1	9.8	9.8	25.3
66b	Goiter, exophthalmic	1.2	1.0	5.9	5.5	0.4	.....	0.4	0.8	3.2	2.1	3.2	2.3	1.3	2.1	4.0	2.9	13.1	11.2	13.1	16.8
59	Diabetes mellitus	12.1	11.6	10.8	19.3	1.6	2.5	4.4	2.8	21.1	18.1	74.6	82.4	2.2	1.4	2.0	3.9	18.6	32.9	75.2	145.1
71	Anemia	9.0	6.4	12.3	9.6	0.7	.....	1.2	1.1	15.7	9.9	70.3	54.1	1.3	1.1	3.4	3.2	20.6	15.6	86.2	64.8
117	Ulcer of the stomach and duodenum	14.5	10.7	4.8	3.6	1.3	.....	9.1	8.2	29.3	20.5	55.2	39.2	0.3	0.7	2.5	2.3	10.3	5.7	19.6	17.1
121	Appendicitis	16.1	14.9	10.4	9.1	18.1	12.3	15.5	14.2	17.1	18.2	7.6	20.1	11.0	9.1	8.1	7.2	14.3	11.2	9.8	13.8
139	Diseases of the female genital organs (nonvenereal)	.....	.....	3.4	7.5	.....	.....	.....	.....	.....	.....	.....	.....	1.9	6.2	4.3	9.2	2.8	7.3	5.5	2.6
140–150	Diseases of the puerperal state	.....	.....	5.8	74.7	.....	.....	.....	.....	.....	.....	.....	.....	6.7	126.0	9.0	88.7	0.4	3.8	.....	.....
75	Alcoholism	8.1	2.3	0.2	0.4	0.4	.....	4.9	2.3	21.6	4.9	16.2	3.1	.....	0.2	0.3	0.5	.....	0.6	1.1	0.6
163–171	Suicide	36.5	15.6	6.2	6.0	6.6	5.4	31.5	14.8	76.3	28.0	64.9	23.4	3.3	4.7	8.2	6.1	6.7	7.8	4.4	5.6
173–175	Homicide	3.4	1.7	1.2	1.3	1.5	1.0	3.5	2.1	5.1	2.3	5.4	0.9	1.3	1.6	1.6	1.4	.....	1.0	2.2	0.6
176–198	Accidental and other external violence	130.5	79.8	32.9	20.0	85.2	80.5	112.7	66.7	167.8	80.2	310.4	155.4	13.2	12.1	14.5	10.7	29.0	20.7	239.9	107.2
	All other causes	382.3	282.0	312.1	221.5	63.2	57.5	121.3	84.0	533.6	358.7	2828.8	2188.0	52.7	49.2	109.6	88.1	362.9	287.0	2473.4	1548.3

*Less than 0.05 per 100,000.

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hemorrhage, ulcer of the stomach, alcoholism, homicide, and suicide, each of which shows an appreciably higher death rate among the single than among the married population, particularly among men.

In one particular, however, this interpretation must be qualified. It is probable that the disproportionately large differences in the death rate from tuberculosis in the age group 25–44 result partly from dissimilar age distribution of single and married persons in this particular age range. The single persons are, on the average, much younger than those who are married, and since tuberculosis is especially prevalent at the younger ages, the death rates attributed to bachelors and spinsters in this category are unduly weighted with the younger elements of the age group. This factor, however, does not influence the subsequent age groups which also consistently show higher tuberculosis death rates among the single.

The position of diabetes is unique in that it has a relatively high mortality among married women after age 45. This may be attributed, in large part, to lack of exercise and to overindulgence in the pleasures of the table.

It is significant that cancer which, so far as we know, is not subject to control by living habits or environment—except in certain very special cases of industrial hazards—shows relatively little difference in mortality as between married and single persons. Cancer of the breast, which causes appreciably higher mortality among single women after age 45 than among married women of the same period of life, is a notable exception.

All in all, it seems clear that marriage is distinctly beneficial to the health of the individual. The married person's life is better regulated with regard to sleeping hours, meals, and recreation. Most husbands have a strong sense of responsibility to their families which makes them avoid conditions likely to impair their capacity as wage-earners; they, therefore, shun known sources of infection and hazardous adventures. Moreover, married couples have a solicitous regard for each other's health which often insures timely medical attention to conditions which, in single individuals, are likely to be ignored until the damage is beyond repair. As WILLIAM FARR the renowned English statistician, wrote more than 50 years ago, "Marriage is a healthy estate. The single individual is more likely to be wrecked on his voyage than the lives joined together in matrimony."

Health Record for March 1936

THE death rate in March, 9.9 per 1,000, was the highest recorded for that month since 1932. It exceeded the figure for March a year ago by more than 7 percent as the result of considerably higher mortality from the respiratory and cardiovascular-renal diseases.

*Less than 0.05 per 100,000.

The death rate in the general population of the large cities of the United States during March was 14.1 per 1,000 estimated population as compared with 14.0 in February 1936 and 12.4 in March a year ago. The diseases which showed increased prevalence as compared with February were influenza, measles, poliomyelitis, scarlet fever, smallpox, and typhoid fever; fewer diphtheria cases were reported. Comparison with March 1935 shows more sickness from influenza, scarlet fever, smallpox, and typhoid fever, together with fewer cases of diphtheria, measles, and poliomyelitis.

The prevailing high incidence of meningococcus meningitis is disturbing to health authorities. During the first four weeks of March 1936, 1,219 cases were reported by 47 States and the District of Columbia as compared with 665 in March 1935 and 242 in March 1934.

The following are some of the items of special public health interest recently reported. A group of industries recently has formed the AIR HYGIENE FOUNDATION OF AMERICA, INC., for the purpose of conducting investigations and of stimulating research in the field of air hygiene. The new foundation will aid in a Mellon Institute investigation of the hygienic, technologic and economic aspects of air contamination, especially by dusts in the industries. A 6-year study of diet in the last half of adult life has been started at CORNELL UNIVERSITY. This study is being made in an effort to prolong human life. The amount of exercise which is beneficial after middle life will receive special attention. Announcement has been made of the prize winners in the Seventh Annual Nationwide City Health Contest conducted under the auspices of the Chamber of Commerce of the United States and the AMERICAN PUBLIC HEALTH ASSOCIATION. The first prizes for cities carrying on the most effective community health programs were awarded to Detroit (among cities of 500,000 or more population); to Oakland, Calif. (among cities of 250,000–500,000 population); to Syracuse, N. Y. (among cities of 100,000–250,000); Schenectady, N. Y. (50,000–100,000); to Brookline, Mass. (among cities of 20,000–50,000); and to Hibbing, Minn. (among cities with populations under 20,000).

A group of psychiatrists and other interested persons has chartered in Albany the COMMITTEE FOR THE STUDY OF SUICIDES. The Committee will conduct research into the causes and possible prevention of self-destruction. A statewide conference on highway safety and on reduction in the number of motor vehicle accidents in the State of New Mexico, to be held in Santa Fé in the latter part of April, was announced recently. According to the report, the Governor of New Mexico has already appointed a director to formulate the program to be adopted.

The following table shows the mortality among Industrial policyholders for March 1936, February 1936, and March 1935, together with the cumulative rates for the first three months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF MARCH 1936, FEBRUARY 1936, AND MARCH 1935.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	March 1936	February 1936	March 1935	Cumulative January-March	
				1936	1935
TOTAL—ALL CAUSES	991.0	931.3	925.7	941.5	938.9
Typhoid fever	.6	.2	.4	.4	.3
Measles	2.0	1.2	3.9	1.4	2.6
Scarlet fever	2.9	3.1	3.3	2.9	3.4
Whooping cough	1.8	1.5	3.0	1.6	3.3
Diphtheria	1.8	2.1	1.9	2.4	2.5
Influenza	32.6	23.7	28.6	25.8	32.4
Tuberculosis (all forms)	57.2	55.9	59.6	55.2	59.0
Tuberculosis of respiratory system	51.1	48.9	53.5	49.0	53.8
Syphilis, locomotor ataxia, and general paralysis of the insane	12.5	11.4	10.8	12.4	11.7
Cancer (all forms)	91.7	90.5	97.3	91.3	96.1
Diabetes mellitus	30.4	26.0	26.5	28.1	28.1
Cerebral hemorrhage; apoplexy	72.9	69.6	64.8	69.8	67.3
Diseases of heart†	182.7	182.8	176.7	181.8	182.2
Diseases of the coronary arteries	28.4	28.9	26.0	27.3	24.1
Angina pectoris	9.4	11.4	10.7	9.9	11.6
Pneumonia (all forms)	119.8	104.8	96.8	110.8	102.2
Diarrhea and enteritis	6.8	5.7	6.7	6.6	5.8
Appendicitis	10.0	8.6	11.9	9.6	11.1
Chronic nephritis (Bright's disease)	70.3	64.3	63.4	67.2	66.8
Puerperal state—total	7.6	8.1	9.1	7.9	10.1
Suicides	8.7	6.9	9.1	8.5	8.4
Homicides	4.5	3.1	5.4	4.4	5.9
Accidents—total	49.9	45.1	51.6	50.4	52.9
Automobile accidents	14.7	11.7	17.7	15.7	18.7
All other diseases and conditions	186.4	176.1	158.2	165.8	151.0

*The rates for 1935 and 1936 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, and acute myocarditis.

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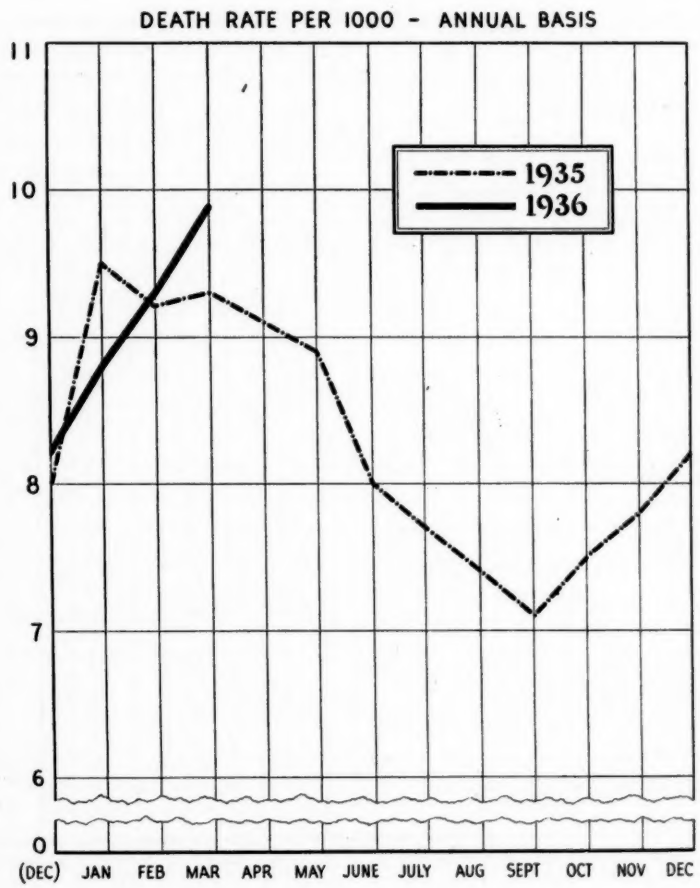
DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. - INDUSTRIAL DEP'T.
WEEKLY PREMIUM-PAYING BUSINESS - TOTAL PERSONS



(DEC)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1935	9.5	9.2	9.3	9.1	8.9	8.0	7.7	7.4	7.1	7.5	7.8	8.2
1936	8.8	9.3	9.9									

Rates are provisional

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